

# College Inn Employment Application

Date \_\_\_\_\_

## Personal Information

Name (Last/Middle/First) \_\_\_\_\_  
Present Address (Street/apt/City/State/Zip) \_\_\_\_\_  
Permanent Address (Street/apt/City/State/Zip) \_\_\_\_\_  
Phone \_\_\_\_\_ Social Security Number \_\_\_\_\_ Are you 18 years or older \_\_\_\_\_

## **IN CASE OF EMERGENCY NOTIFY**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
Have you ever been convicted of a felony? \* Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, when, where and what was the nature of the offense.  
Describe \_\_\_\_\_

\*A conviction will not necessarily prohibit you from being employed.

## Employment Information

Position desired \_\_\_\_\_ Start Date \_\_\_\_\_ Are you currently employed? \_\_\_\_\_  
What hours can you work? \_\_\_\_\_  
The number of hours you wish to work \_\_\_\_\_

Please circle the days you wish to work M T W TH F SA S

Do you have any previous pizza or restaurant experience? \_\_\_\_\_ Where \_\_\_\_\_  
Do you have any physical impairments which would interfere with your ability to do the job which you have applied for?  
\_\_\_\_\_

## Employment Record

Name and address of present or last employer \_\_\_\_\_  
Start date (month/year) \_\_\_\_\_ Leaving Date (month/year) \_\_\_\_\_  
Weekly starting salary \_\_\_\_\_ Weekly leaving salary \_\_\_\_\_  
Job title \_\_\_\_\_ Description of work \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Name and title of supervisor \_\_\_\_\_ May we contact supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Name and address of previous employer \_\_\_\_\_  
Starting date (month/year) \_\_\_\_\_ Leaving Date (month/year) \_\_\_\_\_  
Weekly starting salary \_\_\_\_\_ Weekly leaving salary \_\_\_\_\_  
Job title \_\_\_\_\_ Description of work \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Name and title of supervisor \_\_\_\_\_ May we contact supervisor \_\_\_\_\_ Phone \_\_\_\_\_

## References

Name, address and telephone number of three persons not related to you with whom you have been acquainted for at least one year

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Vehicle

What type of car do you own? Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_  
Serial # \_\_\_\_\_ Driver's license # \_\_\_\_\_  
License Plate # \_\_\_\_\_ State \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Effective date \_\_\_\_\_ State \_\_\_\_\_  
Agent's name/address/tel \_\_\_\_\_

List below all traffic violations within the last three years, excluding parking violations. Include date, violation and penalty

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## Employee/Driver Agreement

I have completed the above data regarding my driving record and represent that the above is complete and accurate. I authorize College Inn to obtain my MVR to verify the above. I understand that my record may be verified periodically at the company's discretion. I also understand that if my records do not meet company requirements I can be terminated from my employment.

I understand I must have liability coverage while I am driving for the College Inn and that the College Inn is not responsible for physical damage to my vehicle.

I understand the importance of safety and agree to the following safety policies while working

1. To obey all traffic laws at all times.
2. To keep my car in safe working order, and if it is not in good order, I understand that I can be taken off the road.
3. To wear my safety belt at all times.
4. To not eat or drink while driving.
5. To place the hot box and drinks in the prescribed area of the vehicle.
6. To never drive after having consumed drugs or alcohol.
7. No person other than on-the-job employees and authorized security personal are permitted to ride in my delivery vehicle, either company owned or personal, while making deliveries.
8. To bring my vehicle to a complete and safe stop any time I use a spotlight or lamp.
9. I understand if management requires that I take a safety class, failure to do so may result in termination of my employment.
10. To notify College Inn when I have received a ticket or have been arrested for any driving related offenses.
11. To notify College Inn when my driving privileges have been suspended, revoked, or restricted.
12. To notify College Inn when there has been changes in my car insurance.
13. To promptly report to my manager any incident involving the use of a car while I am working.
14. To always drive courteously and practice defensive driving techniques.
15. To only drive the insured car listed above unless prior approval has been obtained.

I have read and understand the above employee/driver agreement.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, false statements on this application shall be grounds for dismissal. I authorize investigation on all statements contained herein. I further authorize all listed references to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time for any reason without notice.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_